

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 10/018,688	FILING DATE
G16104 CLAIMS						APPLICANT(S)	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1				1			
2					1		
3					1		
4					1		
5					1		
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43					1		
44					1		
45					1		
46					1		
47					1		
48					1		
49					1		
50					1		
TOTAL IND.					3		
TOTAL DEP.					31		
TOTAL CLAIMS	34				34		

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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